

**Health Psychology Program**

**Sample Practicum Hour Tracking Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Practicum Site Hours** | Previous Cumulative | Fall10 Semester | Cumulative Site | 1st week |
| **Fall 2010 Semester** | Total Site Hours | Total Hours | Practicum Hrs | Fa09 |
| **1. Intervention Experience** |  |  |  |  |
| a. Individual Therapy |  |  |  |  |
| Older Adults (65+) | 0 | 0 | 0 |  |
| Adults (18-64) | 0 | 0 | 0 |   |
| Adolescents (13-17) | 0 | 0 | 0 |  |
| School-Age (6-12) | 0 | 0 | 0 |   |
| Pre-School Age (3-5) | 0 | 0 | 0 |   |
| Infants/Toddlers (0-2) | 0 | 0 | 0 |   |
| b. Career Counseling |   |   |   |  |
| Adults | 0 | 0 | 0 |   |
| Adolescents | 0 | 0 | 0 |   |
| c. Group Counseling |  |  |  |  |
| Adults | 0 | 0 | 0 |  |
| Adolescents (13-17) | 0 | 0 | 0 |   |
| Children (12 and under) | 0 | 0 | 0 |   |
| d. Family Therapy | 0 | 0 | 0 |   |
| e. Couples Therapy | 0 | 0 | 0 |  |
| f. School Counseling Interventions |  |  |  |  |
| 1. Consultation | 0 | 0 | 0 |   |
| 2. Direct Intervention | 0 | 0 | 0 |   |
| 3. Other | 0 | 0 | 0 |   |
| g. Other Psychological Interventions |  |  |  |  |
| 1. Sports Psych/Perf. Enhancement | 0 | 0 | 0 |  |
| 2. Medical/Health-Related | 0 | 0 | 0 |  |
| 3. Intake Interview/Structured Interview | 0 | 0 | 0 |  |
| 4. Substance Abuse Interventions | 0 | 0 | 0 |  |
| 5. Consultation | 0 | 0 | 0 |  |
| 6. Other Interventions (e.g., tx planning w/ patient) | 0 | 0 | 0 |  |
| h. Other Psych Experience with Students and/or Organ. |  |  |  |  |
| 1. Supervision of other students | 0 | 0 | 0 |  |
| 2. Program Development/Outreach Programming | 0 | 0 | 0 |  |
| 3. Outcome Assessment of programs or projects | 0 | 0 | 0 |  |
| 4. Systems Interv./Org. Consult/Perf. Improvement | 0 | 0 | 0 |  |
| 5. Other (specify: ) | 0 | 0 | 0 |  |
| **TOTAL INTERVENTION HOURS 1(a-h)** | **0** | **0** | **0** | **0** |
|  |  |  |  |  |
| **2. Psychological Assessment Experience** |  |  |  |  |
| 1. Psychodiagnostic test administration | 0 | 0 | 0 |  |
| 2. Neuropsych Assessment | 0 | 0 | 0 |  |
| 3. Other (specify: \_\_\_\_\_\_\_\_) | 0 | 0 | 0 |  |
|  |  |  |  |  |
| **3. Supervision Received** |  |  |  |  |
| a. Individual Supervision by Licensed Psychologist | 0 | 0 | 0 |  |
| b. Group Supervision by Licensed Psychologist | 0 | 0 | 0 |  |
| c. Indiv. Sup. by Licensed Allied Ment. Health Professional | 0 | 0 | 0 |  |
| d. Group Sup. by Licensed Allied Ment. Health Professional | 0 | 0 | 0 |  |
| e. Other Superv. (e.g., advanced grad student) - Indiv. | 0 | 0 | 0 |  |
| f. Other Superv. (e.g., advanced grad student) - Group | 0 | 0 | 0 |  |
| **TOTAL SUPERVISION HOURS - INDIVIDUAL** | **0** | **0** | **0** | **0** |
| **TOTAL SUPERVISION HOURS - GROUP** | **0** | **0** | **0** | **0** |
|  |  |   |   |  |
| **4. Support Activities\*\*** |  |  |  |  |
| **TOTAL SUPPORT ACTIVITIES** | **0** | **0** | **0** | **0** |
|  |  |   |   |  |
| \*\* includes case conferences; case management; consultation; didactice training/seminars; progress notes; |  |
| chart review; psych assessment scoring, interpretation, and report-writing; video/audio recording review |  |
|  |  |  |  |  |
| Please note that this form changes a bit every year to fit the most current copy of the internship application form (i.e., the AAAPI).  |  |  |  |  |